

Form **8871**

(July 2000)

Department of the Treasury  
Internal Revenue Service**Political Organization  
Notice of Section 527 Status**

OMB No. 1545-1693

**Part I General Information****1** Name of organization **Employer identification number**

Oregon Optometric Public Affairs Council

Applied For

**2** Mailing address (P.O. Box or number, street, and room or suite number)

6901 S.E. Lake Rd., Suite 26

City or town, state, and ZIP code

Milwaukie, Or 97267

**3** E-mail address of organization

None

**4a** Name of custodian of recordsOregon Optometric Physicians  
Association**4b** Custodian's address

6901 S.E. Lake Rd., Suite 26

Milwaukie, Or 97267

**5a** Name of contact person

Darrin Fleming, OD.

**5b** Contact person's address922 Country Club Rd.  
Eugene, Or 97401**6** Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

City or town, state, and ZIP code

**Part II Purpose****7** Describe the purpose of the organizationSupport or oppose one or more of the following: candidates or multiple  
candidates or measures.

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**Part III List of All Related Entities (see instructions)**

8a Name of related entity	8b Relationship	8c Address
Oregon Optometric Physicians Assoc.	common direction & control	6901 S.E. Lake Rd., Suite 26 Milwaukie, Or 97267

For Paperwork Reduction Act Notice, see page 4.

Cat. No. 30405V

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